

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <u>9027</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / 2004 Through <u>12</u> / <u>31</u> / 2004
3 Name and address of person filing Name <u>Sam</u> <u>H</u> <u>May</u> P O Box, Bldg, Room No, if any Street <u>503 Westfield Place</u> City <u>Jasper</u> State <u>Tennessee</u> ZIP Code + 4 <u>37347</u>	4 Name, file number, and address of labor organization Name <u>International Brotherhood of Boilermakers</u> Labor Organization File Number <u>000-174</u> P O Box, Building and Room Number, if any <u>Suite 570</u> Street <u>753 State Avenue</u> City <u>Kansas City</u> State <u>Kansas</u> ZIP Code + 4 <u>66101</u>
5 Position in labor organization <u>Int'l Vice President Southeast Area</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State <u>Other</u> ZIP Code + 4	7 a Nature of Interest, Transaction, or Income 7 b Amount

Signature

15. Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)		
Signed <u>Sam H May</u>	On <u>8-10-05</u> Date	<u>(423) 942-0126</u> Telephone Number

Name of Person Filing Sam May	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any) Name Mobilization Optimization Stabilization & Tr Trade Name, if any MOST P O Box, Bldg , Room No , if any Suite 800 Street 753 State Avenue City Kansas City State Kansas ZIP Code + 4 66101	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name, if any _____ P O Box, Bldg , Room No , if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> National Manpower Reserve - weld testing, drug testing, respiration testing, etc </div> 11 b Approximate dollar value of such dealing \$11,000,000 12 a Nature of interest held or income received <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> February 16-20, 2004 Trustee meeting, Owner Advisory Comm meeting, airfare, hotel, meals, etc. Direct Expense Reimbursement Note: Total includes a dinner furnished by the Funds For the amount of \$52 00 </div> 12 b Amount. \$1,481

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg , Room No , if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment

Name of Person Filing Sam May	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any) Name <u>Mobilization Optimization Stabilization & Tr</u> Trade Name, if any <u>MOST</u> P O Box, Bldg, Room No, if any <u>Suite 800</u> Street <u>753 State Avenue</u> City <u>Kansas City</u> State <u>Kansas</u> ZIP Code + 4 <u>66101</u>	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing. <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> National Manpower Reserve - weld testing, drug testing, respiration testing, etc </div> 11 b Approximate dollar value of such dealing \$11,000,000 12 a Nature of interest held or income received <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> August 5, 2004 Trustee meeting, Owner Advisory Comm meeting, airfare, hotel, meals, etc Direct Expense Reimbursement Note. Total includes a dinner furnished by the Fund For the amount of \$54 00 </div> 12 b Amount \$1,644

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment